

Dog and Cat Sterilization Grant Program 2012

Sample Grant Application

Each section can be printed while you are in that section.

The screenshot shows a web browser window with the URL <https://gdsforms.wufoo.com/forms/dog-cat-sterilization-grant-program-2012/>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The Edit menu is open, showing options like New tab, Duplicate tab, New window, New session, Open..., Edit with Microsoft Word, Save, Save as..., Close tab, Page setup..., Print..., Print preview..., Send, Import and export..., Properties, Work offline, and Exit. The main content area displays the 'Dog & Cat Sterilization Grant Program 2012' form. At the top, there are six numbered tabs: 1. Applicant Information, 2. Organization Information, 3. Financial Information, 4. Organization Services, 5. Grant Proposal Information, and 6. Veterinary Services. Below the tabs is a section titled 'Check List of Attachments and Required Documentation' with instructions: 'Before starting this form, please make sure you have the following in order to be considered for this grant. Any applications missing the required documentation will not be considered. You will be provided with an area to attach these documents at the end of this application.' The list includes: Nonprofit Animal Rescue (Completed Grant Application, Veterinarian Collaboration Letter, Current Animal Shelter License, IRS 501(c)(3) Determination Letter, Proof of Incorporation from the Georgia Secretary of State, and and), and Municipal Animal Shelter (Completed Grant Application, Veterinarian Collaboration Letter, Current Animal Shelter License, and a link to Service Delivery Compliance Certification Form). Below this is section 'I. Applicant Information' with a checkbox for 'Licensed Animal Shelter' and 'Nonprofit 501(c)(3) Licensed Animal Rescue'. At the bottom, there is a field for 'Name of Applicant Agency.' with a red asterisk indicating it is required. The Windows taskbar at the bottom shows various application icons and the system clock indicating 2:28 PM on 12/3/2012.

Be sure to print each section before submitting the application.

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Check List of Attachments and Required Documentation

Before starting this form, please make sure you have the following in order to be considered for this grant. Any applications missing the required documentation will not be considered. You will be provided with an area to attach these documents at the end of this application.

Nonprofit Animal Rescue

Completed Grant Application

Veterinarian Collaboration Letter

Current Animal Shelter License

IRS 501(c)(3) Determination Letter

Proof of Incorporation from the Georgia Secretary of State, and

Municipal Animal Shelter

Completed Grant Application

Veterinarian Collaboration Letter

Current Animal Shelter License

[Service Delivery Compliance Certification Form](#)

I. Applicant Information

*

☒ Licensed Animal Shelter

☐ Nonprofit 501(c)(3) Licensed Animal Rescue

Name of Applicant Agency: *

x

Grant Project Coordinator: *

x

Title:

x

Business Address: *

x

City, State, Zip: *

x

County: *

x

Phone Number: *

111 - 111 - 1111

####

Cell Phone Number:*

222	—	222	—	2222
###		###		####

Mailing Address:*

x

City, State, Zip*

x

County:*

x

Email Address:*

x@x.net

GDA License No.:*

x

Local Business License
No./City/County:*

x

I certify that the information contained herein is true and accurate to the best of my knowledge, that I have submitted this application on behalf of the applicant organization and that I have the authority to act on behalf of the applicant.

Acknowledgement:

☒ I have read and agree to the above statement.

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II. Organization Information

*Both the animal and municipal animal shelter and /or nonprofit animal rescue organization must reside in Georgia in order to be eligible for the Dog & Cat Sterilization Grant Program.

Executive Officer Name/Title:

x

Mailing Address:

x

City, State, Zip:

x

Fiscal Contact/Title:

x

Mailing Address:

x

City, State, Zip:

x

List current Board of Directors: (you can add additional entries at the end of this form)

Name:

x

x

First

Last

Title:

x

Years of Service:

1

Add a Board of Director?

☐

Yes

☒

No

Number of Paid Employees:

1

Number of Full Time
Employees:

1

Number of Part Time
Employees:

1

Number of Volunteers:

Est. Total Volunteers Hours Per Week:

Number of Foster Homes:

Has the above organization been found in violation of the Georgia Animal Protection Act, O.C.G.A. 4-11-1, *et seq.*, Department Rules, or been charged with animal cruelty pursuant to O.C.G.A. 16-12-4?

☐ Yes ☒ No

If Yes, please explain.

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III. Financial Information

Total Organization Income in
Last Fiscal Year:

\$.
Dollars Cents

Total Organization Donations
in Last Fiscal Year, if known:

\$.
Dollars Cents

Organization Expenses in Last
Fiscal Year:

\$.
Dollars Cents

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IV. Organization Services

Check all the following
Services Provided:



Unlimited Intake Shelter



Limited Intake Shelter



Foster Homes



Animal Control



Spay/Neuter Services



Adoption

Average Number of:

Intake Animals per Year:

1

Adoptions per Year:

1

Animals Spayed per Year:

1

Animals Neutered per Year:

1

Briefly describe your animal
programs:

x

If your program offers
adoptions, are all animals
sterilized before adoption?



Yes



No

If not all, what percentage of
animals is not sterilized before
adoption?

x

If not all, how are animals
selected for sterilization before
adoption?

x

**Briefly describe your
sterilization policies and
procedures for assuring
sterilization after adoption:**

x

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V. Grant Proposal Information.

Amount of Grant Funding
Requested:

\$.
Dollars Cents

Please describe your goals and work plan for using the grant funding requested. Please include any matching or in-kind services or contributions that may be available:

Approximately, how many sterilization procedures do you hope to perform with the requested funding?

Dog Spay:

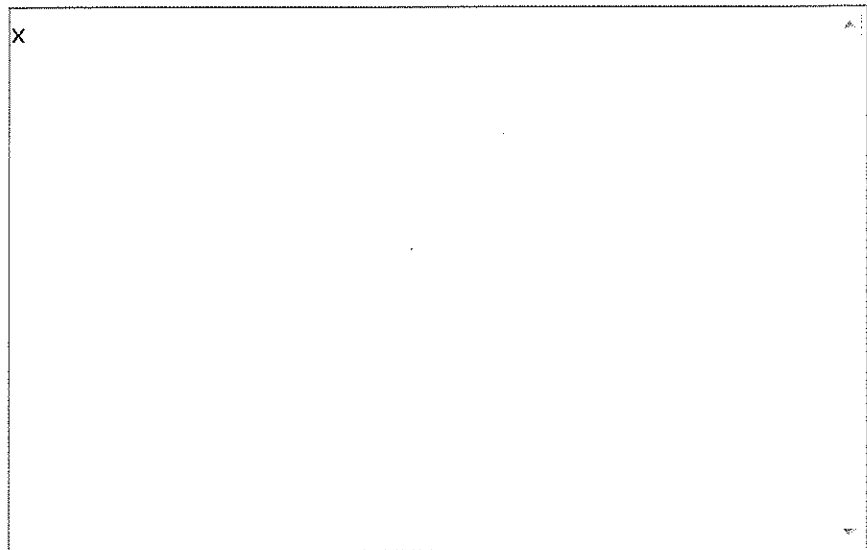
Dog Neuter:

Cat Spay:


Cat Neuter:

Estimated time frame for completion of sterilizations procedures. Note that all sterilization procedures must be completed within one year of grant fund distribution.

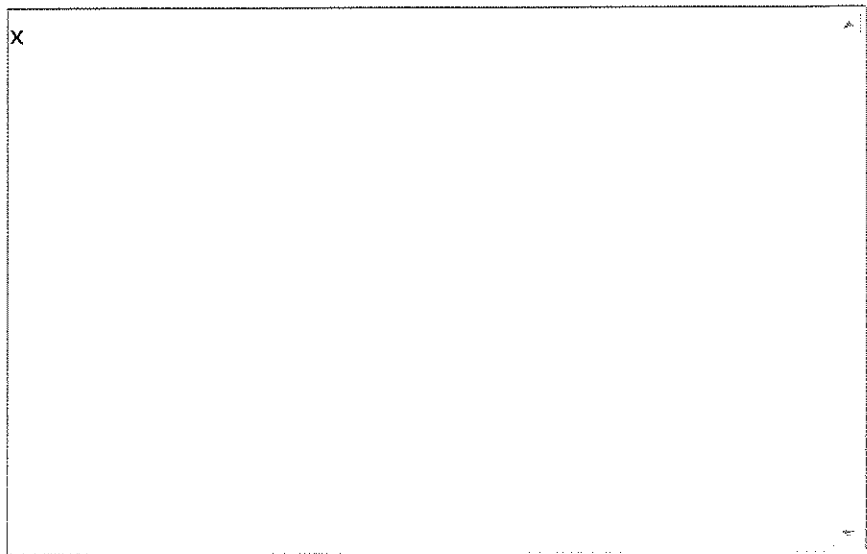
If you currently have a program for sterilization of cats and/or dogs, describe your current level of funding, level of productivity, and why you need additional funding.

A large, empty rectangular box with a thin black border, intended for providing additional background information. A small 'x' is visible in the top-left corner.

Give additional background information on your organization's programs as they relate to this application. Show that you have the ability to carry out this program.

A large, empty rectangular box with a thin black border, intended for providing additional background information. A small 'x' is visible in the top-left corner.

What other similar resources are available in your area? In what way are these resources currently insufficient?

A large, empty rectangular box with a thin black border, intended for providing additional background information. A small 'x' is visible in the top-left corner.

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VI. Veterinary Services

All Applicants must attach a letter of collaboration from all veterinarians who will provide the spay/neuter services. The letter should include a statement describing the fee schedule to be followed or pay arrangement and whether the veterinarian(s) are on your staff, on contract, in a spay/neuter clinic, or in private practice. Please list all participating veterinarians.

Veterinarian(s) performing sterilization procedures: (add additional entries at the end of this form)

Name:

x	x
First	Last

Clinic/Practice Name:

x

Address:

x

City, State, Zip:

x

County:

x

Telephone:

111	-	111	-	1111
###		###		####

Georgia License No.

x

National Accreditation No.

x

Add a Veterinarian?

☐ Yes ☒ No

Is the veterinarian(s) performing the sterilization procedure currently licensed and accredited to practice veterinary medicine in the State of Georgia?

☐ Yes ☒ No

Veterinarians used to perform the sterilization procedure under the Dog and Cat Sterilization Grant Program must be licensed by the Georgia Secretary of State and accredited by the United States Department of Agriculture (USDA). All veterinarians must perform the sterilization procedure using acceptable standards of care as prescribed by the American Veterinary Medical Association (AVMA) guidelines.

What is the approximate fee or other agreement paid for spay and neuter services using grant funds?

Range for Male Cat: \$.
 Dollars Cents

Range for Female Cat: \$.
 Dollars Cents

Range for Female Dog: \$.
 Dollars Cents

Range for Male Dog: \$.
 Dollars Cents

* Grant funds shall be used for sterilization surgeries only and shall not be used for capital or administrative expenses or for procedures not directly related to sterilization surgery, such as promotions, vaccinations, testing, licensing, food, medicine, and/or other medical procedures.

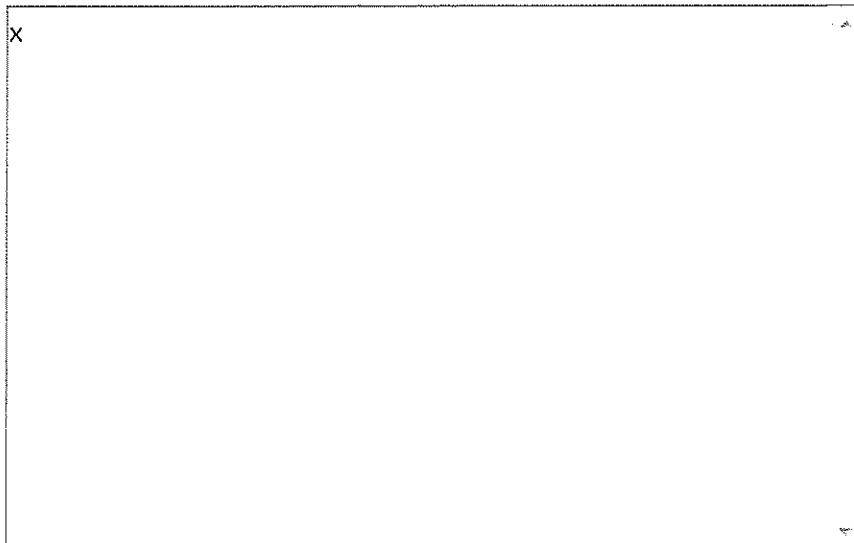
* Procedures performed by veterinarians under the grant program will not count toward that veterinarians monthly allotment of spay and neuter surgeries under the Dog and Cat Sterilization Program, GA. Comp. R. & Regs. Rule 40-13-14-.02.

If no fee arrangement has been agreed to, what is your agreement with the collaborating veterinarian(s)?

X

Addition Information: Please use this space to add any additional information (e.g.

**Board of Directors,
Veterinarian(s) performing
sterilization procedures**



A. Nonprofit Animal Rescues

i. Nonprofit rescues must provide proof of their 501(c)(3) status issued by the Internal Revenue Service at the time of filing. Please do not send a copy of a tax return or a copy of incorporation by the Georgia Secretary of State to fulfill this requirement.

ii. Nonprofit rescues must also provide proof of incorporation by the Georgia Secretary of State.

B. Municipal Animal Shelters

i. Effective July 1, 1999, every county and city within that county is required to adopt a Service Delivery Strategy. This strategy is an implementation plan among cities and counties to provide local government services and resolve land use conflicts within the county. These strategies are submitted to the Georgia Department of Community Affairs for approval and the DCA is in charge of monitoring compliance. Because of this law, no state-administered financial assistance can be awarded to a local municipality that is not in compliance. This requirement applies to all Georgia county governments, city governments, and authorities.

**Veterinarian Collaboration
Letter: (nonprofit and
municipal)**

 Browse...

**Current Animal Shelter License:
(nonprofit animal rescue and
municipal animal shelter)**

 Browse...

**IRS 501(c)(3) Determination
Letter: (nonprofit animal
rescue only)**

 Browse...

**Proof of Incorporation from the
Georgia Secretary of State:
(nonprofit animal rescue only)**

 Browse...

[Service Delivery Compliance
Certification Form](#): (municipal
animal shelter only)

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VII. Acknowledgement & Attestation

Check the box acknowledging each statement listed below. By signing below Applicant attest to the following:


- * Applicant ATTESTS that the information provided in the grant application is true and correct.
- * Applicant ATTESTS that they possess the legal authority to apply for this grant.
- * Applicant ATTESTS that the individual filing this application has the authority to do so.
- * Applicant ATTESTS that they reside and operate in Georgia and will use the grant funds for Georgia animals.
- * Applicant ATTESTS that they will abide by the Georgia Animal Protection Act, O.C.G.A. § 4-11, et seq., and Department Rules, GA. Comp. R. & Regs. Rules 40-13-13-, et seq.
- * Applicant ATTESTS that they or any board member have never been charged with or convicted of animal cruelty.

☐ Applicant ATTESTS to the statements listed above.




Print your name:

X	X
First	Last

Date

11	/	28	/	2012	
MM		DD		YYYY	

Type the two words from the image below.*

		
<input type="text"/>	stop spam. read books.	